ATTACHMENTS to the 208 Commission Final Report
For the Colorado Health Services Single Payer Program

APPENDIX to CHSP Single Payer Program

Highlighting Key Points of the Proposal:

The CHSP Single Payer plan is a comprehensive approach to health care reform in Colorado. It is simple because it covers every Colorado resident in one comprehensive health care plan. This simplicity makes it inclusive, equitable and cost effective. Everyone has equal coverage and equal access with choice of their primary care provider. The state-wide cost savings of including everyone in one plan are considerable and will significantly reduce the per capita costs as well as improve health care outcomes and quality of life.

Establishment of a state wide unified system of secure electronic medical records is a vital component of this proposal and will expedite care and improve patient safety. This electronic network will also provide data for epidemiology, as well as vital data for budgeting, accountability and transparency of expenditures, staffing and professional training needs, and reallocation of resources to meet the needs of the people in various regions of Colorado.

Additional Explanations of elements of the CHSP Single Payer Proposal as it was presented in April 2007:

BENEFITS: Comprehensive coverage for all, from birth to death, includes preventive care, acute care, chronic care, mental health, dental care, and long term and hospice care. Medications, durable medical goods (equipment), physical therapy and rehabilitation are also included.
Although the Lewin Group used Colorado Medicaid for modeling and cost estimate purposes they added and included in their modeling and cost estimates preventive and restorative dental care as well as long term care at our request to make the costs nearly comparable with the CHSP proposal.

MEDICAL HOME: Every resident of Colorado will choose their personal primary care physician who becomes their “medical home”, their trusted health care adviser and coordinator of all the patient’s health care services. If the patient is not satisfied with the physician they have chosen, they may select another physician and notify the CHSP the name of their new “medical home” physician. If a primary care physician (family practice, internal medicine, pediatrics, ob/gyn or geriatrics) is not available, such as in rural areas, a nurse practitioner or physician assistant may fill the role of “medical home”.

FUNDING: This new health care system is publicly owned and publicly funded with the cost fairly shared by all individuals and all employers through taxes or contributions to the CHS Trust Fund. This replaces mandates for individuals or businesses to purchase private or commercial insurance. The Trust Fund receives all health care funds and pays the health care bills, consequently the term Single Payer.

Federal and state funds designated for health care will be deposited directly into the CHS Trust Fund. The Lewin Group called these various funding sources "taxes" rather than "contributions". However, optimally the CHSP will be established by the Colorado Legislature as a "state enterprise", an independent entity outside the state budget and independently governed by the CHSP Governing Board. If the CHSP is established as a state enterprise it will not be subject to the TABOR amendment.

Another essential component of funding for universal health care is the funding of the training of health care professionals, especially in primary care, in order to meet the staffing needs and remove the burdensome personal debt upon completion of training. This is included in the CHSP proposal. Note: All developed nations except for the U.S. have universal health care and they cover the cost of training their health care professionals. A year of service in an underserved area of our state (either inner city or rural) could be required as payback for each year of professional training paid for by public funds.

GOVERNANCE: The CHSP Governing Board is responsible for the budgeting, staffing, delivery and quality of health care, HIT, determining standard fees for services (in consultation with the professional health care organizations), paying of bills for the services delivered, and monitoring of compliance with the standards of care recommended by the health care professionals. The Board is also responsible for transparency, accountability and reporting of the health care system to the public. The Governing Board includes geographic representation from all five geographic regions of Colorado and a wide range of provider and consumer representation.

Subsidiary to the CHSP Governing Board are five Regional CHSP Governing Boards to address staffing, facilities and delivery of services to meet the needs of residents in their region. This allows for regional adaptation of delivery to the cultural and economic factors and differences between regions of our state. The Regional Boards will include diverse representation from constituents of the region and will hold public meetings to assure services and priorities reflect the needs and preferences of the residents of the region.

IMPLEMENTATION: The original proposal submitted in April did not include how implementation would be accomplished. However many questions have been raised regarding implementation and discussions have ensued. One method to implement the CHSP Single Payer proposal would be to implement it in phases. It has been suggested that Phase I. would be Primary Care for all (including preventive care, mental health and addiction medicine) and unified electronic medical records in the first phase.

The Legislature will need to determine the best way to fund the CHSP Single Payer plan and determine whether to appoint or elect the Governing Boards.

The enormous savings, simplicity and equity produced by the single payer approach to assuring access to affordable health care for all residents of Colorado is both appealing and pragmatic. There are successful working models in every developed country of the

world, each one doing it a little differently, but all spending less per capita per year and having better outcomes than we have.

Both federal and state financing of health care are discussed in the following paper, "Restructuring U.S. Federal & State Health Financing" by Eldon Van Der Wege, attached below. This is recommended reading for all who want to understand how current public financing of health takes place and how these resources can be reconstructed or redirected at the state level to fund the single payer universal health proposal, CHSP, by creating a state-owned mutual health insurance enterprise.

John Shiels of the Lewin Group stated that there should be little difficulty in getting funds for Medicare and federal matching funds for Medicaid transferred to the CHSP Trust Fund. At present there are three bills before Congress proposing grants to three to five states to fund pilot projects for implementation of state run universal health care. Russ Feingold of Wisconsin is the author of one of these bills.